

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 039 ***150.00

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1. Entity Name

KSTN INTERNATIONAL, INC.



Principal Place of Business

1615 58TH STREET SOUTH
GULFPORT FL 33707
US

Mailing Address

5600 24TH TERRACE NORTH
ST. PETERSBURG FL 33710
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0620358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAFONTE, RICHARD J
1000 BELCHER ROAD SOUTH
SUITE 2
LARGO FL 33771

Name

SHABANA Y. HUDA

Street Address (P.O. Box Number is Not Acceptable)

5600 24TH TERRACE NORTH

City

ST. PETERSBURG

FL

Zip Code

33710

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when nonstatutory)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME DAFONTE, RICHARD J
STREET ADDRESS 1000 BELCHER ROAD SOUTH, SUITE 2
CITY-ST-ZIP LARGO FL 33771

TITLE PRESIDENT ☐ Change ☒ Addition
NAME SALIMA AHMED
STREET ADDRESS 5600 24TH TERRACE NORTH
CITY-ST-ZIP ST. PETERSBURG FL-33710

TITLE P ☒ Delete
NAME SHABANA HUDA
STREET ADDRESS 5600 24TH TERRACE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VP ☐ Change ☒ Addition
NAME SHABANA HUDA
STREET ADDRESS 5600 24TH TERRACE NORTH
CITY-ST-ZIP ST. PETERSBURG

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shabana Huda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/08
Date

777-381-4114
Daytime Phone #